| 10                       | PART B - FEE(S) TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | And Control of the Co |
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| JAN 2                    | Complete and send this form, together with applicable fcc(s), to: Mail  O 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |          |                  | Mail Stop ISSU<br>Commissioner for<br>P.O. Box 1450<br>Alexandria, Vir<br>(703) 746-4000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E FEE<br>or Patents<br>ginia 22313-1450                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A TRAI                   | INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and FUBLICATION FEE (if required). Blacks I through 5 should be completed approaches. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence addressed unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a asparate "FEE ADDRES intentional fee notifications.                                                                                                                                                                                                                                                                                                                                         |                                |          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | CURRINT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 11/08/2004  LOUIS A. MORRIS  AKZO NOBEL INC.  7 LIVINGSTONE AVENUE  DOBBS FERRY, NY 10522-3408  5 MGEBREM2 00000123 011350 10661725                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |          |                  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission.  Certificate of Mailing or Transmission  Locally that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an anvelope addressed to the Mail Stop ISSUE Fift address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| V1/ C1/ CVV3             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |          |                  | VICKIE PUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CELL.                                                               | (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 01 FC:1501<br>02 FC:1504 | 1400.00 DA<br>300.00 DA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |          |                  | Janus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | my 20, 2005                                                         | (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                          | APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PILING DATE                    |          | ELEST NAMED INVE | TOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AFTORNBY DOCKET NO.                                                 | CONFIRMATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                          | 10/661,725 09/12/2003 Sharish Shah ACO6275P1US TITLE OP INVENTION: MULTILAYER NON-STICK COATING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | 8279                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                          | APPI.N, TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SMALL ENTITY                   | issue fe | E PI             | DBLICATION PEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOTAL FRE(S) DUE                                                    | DATE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                          | nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NO                             | \$1370   |                  | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$1570                                                              | 02/08/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                          | EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | ART UNIT |                  | LASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ì                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | ZACHARIA, RAMSEY E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |          |                  | 428-325000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | Change of currespondence address (or Change of Correspondence Address form PTO/SB/122) strached.  Tree Address* indication (or "Fee Address" Indication form PTO/SB/477, Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEB NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, so assignee data will appear on the patent. If an assignee is identified below, the document has been fil necordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for fulling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Akzo Nobel Coatings International B.V. The Netherlands                                                                                                        |                                |          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | Please check the appropriate assignce category or categories (will not be printed on the patent):  Undividual  Corporation or other private group entity  Government  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | lassuc Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20 lassue Fee A check in the a |          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | Publication Pec (No small entity discount permitted)  Advance Order - # of Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |          |                  | t card. Form PTO-2038<br>screby authorized by ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | is attached.  surge the required fee(s), or a  (enclose an extra ec | crodit any overpayment, to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                          | 5. Change in thirty Status (from status indicated above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USFTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any proviously paid issue fee to the application identified above. NOTH: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered autorizery or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.                                                                                                                                                                                                                                                       |                                |          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | Authorized Signature Zawid W. Warred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |          |                  | Date 1/20/03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | Typed or printed name LOUIS A. MORRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |          |                  | Registration No. 28, 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | This collection of information is required by 37 CFR 1.311. The information is sequired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Cantidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Puttons and Trademark Officer, U.S. Department of Commerce, P.O. Alexandria, Virginia 22313-1450. DO NOT SEND PRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. flox 1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. |                                |          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | PTOL-85 (Rev. 11/04) Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |          |                  | III Patent and Trad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     | number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |